

until the summer of 1869, and continued to return every two or three weeks, lasting eight or ten days, until June, 1870, after which they entirely ceased.

Tumour first noticed July, 1868, and, as she thinks, in the right side. It had a flat or compressed form, and was quite movable, falling from side to side. It has gradually increased ever since. She was first tapped by Dr. Gilmore, November 7, 1869, removing two bucketfuls of fluid resembling soft soap. It was stringy, and by heat coagulated like the white of egg. Afterwards she was tapped thirteen times, the last time on the 20th of May last. There is a sense of obstruction in urination and defecation. Emaciation is very great.

Abdomen of the patient very large, although tapped so recently; tolerably tense and elastic, particularly in the superior portions. Resonant on percussion only in the left hypochondrium. Fluctuation is distinct throughout the upper part of the abdomen, and indistinct below. Here and there nodules can be detected, particularly in the left side. The lower part of the abdominal wall, and the lower extremities are very œdematous. The uterus is elevated and immovable. The sound enters $2\frac{1}{2}$ inches, with difficulty.

Diagnosis.—Multilocular ovarian tumour.

Prognosis.—Unfavourable.

June 2, Dr. Atlee operated, assisted by Drs. Gilmore, Pollock, King, and others.

The tumour was multilocular, consisting of one large cyst, and a large multilocular mass. It was the right ovary, and weighed ninety pounds.

The patient died on the morning of June 5th. Twelve hours after, a post-mortem examination was made, of which Dr. W. L. Foster writes: "Abdomen distended with gas; wound in good condition, externally healed down to the pedicle; peritoneal surface firmly agglutinated; no hemorrhage except a little oozing from posterior surface of womb; ligatures all intact; deposits of lymph over peritoneal surface wherever injured. Left ovary in place, modified, having a pancreatic appearance. Right kidney enlarged and softened; left in healthy condition; liver small."

Remarks by Dr. Atlee.—The above case also properly belongs to the 2d class. The immense size of the tumour, the exhausting tappings, the numerous vascular adhesions, and the emaciation, properly place it in this position.

ART. XI.—*Case of Congenital Retinitis Pigmentosa.* By GEO. C. HARLAN, M.D., Surgeon to Wills Ophthalmic Hospital.

A. C., an intelligent girl, 18 years of age, had very imperfect vision. She stated that she had never seen better, indeed that her vision had improved since childhood. There had never been any pain or other sign of inflammation in either eye. She was sent for examination because her friends noticed that she often retired to some distance to look at an object, and were in hopes that glasses might be found to improve her

near vision. She herself insisted, however, that she saw better near at hand when she had once found out just where to look for an object, but that it was often necessary to step back for some feet before she could fix it. A single flower on a bush, for instance, was seen much more distinctly when quite close to the eyes, but she was sometimes unable to see it at all until she had first taken a more distant view of it, and then walked towards it.

She could distinguish No. cc of Snellen's type at twenty feet, though not very readily, and could read No. 7, with difficulty, at one foot. Convex glasses made no improvement. Vision was better in a very bright light, as sunlight falling directly on a page of large print; and she experienced difficulty in going about after sundown. In other words, she had decided hemeralopia. There was quite a high degree of nystagmus.

On testing the field of vision, it was found very much contracted, which at once explained the apparent anomaly in her symptoms. A small object completely occupied the sensitive part of the retina, and could be seen only when its image fell exactly on the macula lutea. At a distance, the apparent size of objects being less, a greater number of them were included in the field.

Ophthalmoscopic examination showed the characteristic appearances of "retinitis pigmentosa," or, perhaps, more correctly, "pigmentary degeneration of the retina," very well marked.

There was no consanguinity between her parents, no history of hereditary blindness, and no indication of hereditary syphilis.

As neither the refraction nor accommodation was at fault, of course no form of spectacles could be of use, but as the retina, even in its contracted field, was incompletely sensitive, the patient was directed to procure a large convex hand-glass to magnify the letters of ordinary print to a size that would enable the eye to distinguish them.

An interesting point in the case is that, contrary to the usual course of the disease, which is a gradual but constant contraction of the field of vision, tending ultimately to complete blindness, the patient positively asserted that there had been a decided improvement in her vision.

ART. XII.—*Anatomical Anomalies.* By T. HALE STREETS, M.D.,
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MOST of the following anomalies were observed in the dissecting-room of the Philadelphia School of Anatomy, during the session of 1871-72. They were collected at the instance of Dr. W. W. Keen, and are published with his consent.

Osseous.—A female subject which presented two supernumerary ribs in the cervical region. They articulated with the seventh vertebra, one on each side. It is to be regretted that the parts in this region were destroyed before their relations could be noted by a competent observer. Dr. Keen has the specimen and will describe it more fully.

Muscular.—A subject in which a muscular slip arose from the fascia.